V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42254

Registration District No. 178 Primary Registration District No. 5665 Registrar's No. 112

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Rural Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis 56
(c) City or town Rural Salem 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile S.E. Steffenville 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LAURA-ALICE-RIFE

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Livingston Rife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Columbus Illinois 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Steffen 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emmaline Freele
15. Birthplace Liberty Ill. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Clara Rife
(b) Address Steffenville MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Steffenville MO
18. (a) Signature of funeral director Sieger & Walter
(b) Address Knox City MO
19. (a) 12-9-47 (Date received local registrar) (b) J. W. Jennings MD (Registrar's signature) 161

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 8 year 1947 hour 6 minutes 00 P M.

21. I hereby certify that I attended the deceased from February 1938, to Dec 8, 1947; that I last saw her alive on Dec 6, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	10 yr
Due to Arteriosclerosis & Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93B

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Waldo Brown (M. D. or other) MD
Address Knox City MO Date signed 12/8/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-47-1750
Date Filed DEC 15 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No. ~~684~~

working under my personal supervision.

Signed Fred Wolter

Licensed Embalmer No. 684

P. O. Address Knox City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.